



LOCAL HISTORIC LANDMARK DESIGNATION FORM

HISTORIC PROPERTY

Historic or Common Name (if any): _____

Address of Property: _____

Legal Description of Property: _____
(Lot, Block, and Subdivision or Abstract, Survey, Tract and Section)

County: _____ Property ID #: _____

Acreage of Property: _____ Current Zoning of Property: _____

Original Use of Property: _____

Present Use of Property: _____

PROPERTY OWNER / AGENT

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Owner's E-mail Address: _____ Owner's Phone Number: _____

Agent (if any): _____

Agent Address: _____

City: _____ State: _____ Zip: _____

Agent's E-mail Address: _____ Agent's Phone Number: _____

PLANNING AND ZONING DEPARTMENT
P.O. BOX 1952
LONGVIEW, TEXAS 75606
903-237-1072
903-237-1337 (FAX)
PLANNING@LONGVIEWTEXAS.GOV

FOR OFFICE USE ONLY

APPLICATION FEE: \$420.00

CASE NO: _____

PERMIT NO: _____

CLASSIFICATION

Category

- Object
- Building
- Structure
- Site

Ownership

- Public
- Private
- Both

Status

- Occupied
- Unoccupied
- Work in Progress

ARCHITECTURAL STYLE

Architectural Style: _____

Foundation: _____

Roof: _____

Windows: _____

Exterior Walls: _____

Porch: _____

Other: _____

Name of Architect/Designer: _____

Name of Builder/Contractor: _____

HISTORIC OWNERSHIP/TENANTS

Original Owner (Include the years lived in the structure): _____

Significant Other Owners (Include the years lived in the structure): _____

Significant Tenants (Include the years lived in the structure): _____

CONSTRUCTION DATES

Original Date of Construction: _____

Date of Alterations/Additions: _____

(Attach additional sheets if necessary)

PHYSICAL DESCRIPTION

Condition (Check one):

- Excellent
- Good
- Fair
- Deteriorated
- Ruins

Check one:

- Altered
- Unaltered

Check one:

- Original Site
- Moved (Date _____)

CRITERIA FOR LANDMARK DESIGNATION

For designation as a Historic Landmark, the property must meet one or more of the following criteria. Please check all that apply.

- possesses significance with respect to the history, events, culture, economy, social fabric, ethnicity, architecture, archeology or paleontology of the City, state or nation;
- embodies distinguishing characteristics of an architectural type, period, or method of construction;
- represents the work of a master designer, builder, or craftsman that has influenced the development of the City, state or nation;
- is listed on the National Register of Historic Places, designated as a Recorded Texas Historic Landmark or designated as a State Archaeological Landmark;
- is identified with a Person or Persons who significantly contributed to the culture and development of the City, state or nation; or
- has value as an aspect of community sentiment, cultural association, historic heritage or public pride.

Please describe how the property meets the selected criteria above.

(Attach additional sheets if necessary)

ADDITIONAL DOCUMENTATION INCLUDED

These items must be included with the application:

- Historical and Current Photographs Survey or site plan

(Current photos must be taken of the proposed landmark in all directions. These photos must be submitted digitally.)

OTHER DESIGNATIONS

- Recorded Texas Historic Landmark
 National Historic Landmark
 National Register of Historic Places

I certify that the above information is correct and complete to the best of my knowledge and ability that I am now or will be fully prepared to present the above proposal at the City of Longview Historic Preservation Commission, Planning and Zoning Commission and City Council hearings. I further certify that I have read and understand the following information concerning the procedure for consideration of my zoning request.

I understand that if I am not present or represented at the public hearings, the Historic Preservation Commission and/or Planning and Zoning Commission may dismiss the request, which constitutes a recommendation of denial. I further understand that if I am not present or represented at the City Council hearing, the City Council may deny the request.

Owner/Agent _____ Date: _____